

STATE OF DELAWARE
Motor Fuel Tax Administration
IRP Unit
P. O. Drawer 7065, Dover, DE 19903-7065

IRP REGISTRATION CERTIFICATION

In order to be registered through the Plan your vehicle must meet the following criteria:

- Have two axles and a gross vehicle weight or registered gross vehicle weight in excess of 26,000 pounds.
- Have three or more axles, regardless of weight or
- Is used in combination, when the gross vehicle weight of such combination exceeds 26,000 pounds.
- Intends to travel two or more jurisdictions and used for the transportation of persons for hire or designed, used or maintained primarily for the transportation of property.

I have read the above and my vehicle meets the criteria. I understand that if my vehicle does not travel outside the state of Delaware in 18 months that I will be removed from the Plan. I will be responsible for all expenses incurred with re-titling my vehicle. _____(initials)

Do you have a physical structure located in Delaware? YES NO

Is this physical structure open for business and staffed during regular business hours by one or more persons employed by the registrant on a permanent basis (i.e., not an independent contractor) conducting trucking-related business?

YES NO

Are the operational records of the fleet located at this location? YES NO

If not, can the operations records be made available at the Delaware location in the event of an audit? (If not, the registrant must pay all costs of travel and per diem expenses in accordance with the Plan section 1602.)

YES NO

Delaware Drivers License Number. _____

Are you incorporated in Delaware? YES NO

Do you have a Delaware business license? YES NO

Have you ever registered with IRP in another jurisdiction? YES NO

Which jurisdiction _____

I/we, the undersigned, do hereby certify, under penalty of perjury, that the statements made herein are true and correct to the best of my/our knowledge, information and belief. I/we understand that in the event the established place of business is proven to be outside the State of Delaware, the registration will be suspended and the registration and document fees will not be refunded.

Name of Company _____

Signature of Registrant _____

Printed Name of Registrant _____

Office use only – IRP account number _____ IRP unit approval _____ Date _____